

**APPLICATION DATA SHEET**

**10/5 93 805**  
**IAP9/Rec'd PCT/PTO 21 SEP 2006**

**Application Information**

Application number::	To Be Assigned
Filing Date::	September 21, 2006
Application Type::	US National Phase
Subject Matter::	Utility
Suggested classification::	Not Applicable
Suggested Group Art Unit::	To Be Assigned
CD-ROM or CD-R?::	Not Applicable
Number of CD disks::	Not Applicable
Number of copies of CDs::	Not Applicable
Sequence submission?::	Not Applicable
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	Not Applicable
Title ::	Test Device for an Ink Cartridge
Attorney Docket Number::	98298
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin name::	Not Applicable
Variety denomination name::	Not Applicable
Petition included?::	Not Applicable
Petition Type::	Not Applicable

Licensed US Govt. Agency::	Not Applicable
Contract or Grant Numbers::	Not Applicable
Secrecy Order in Parent Appl.?:	Not Applicable

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CH
Status::	Full Capacity
Given Name::	Alfred
Middle Name::	
Family Name::	Gass
Name Suffix::	
City of Residence::	Sissach
State or Province of Residence::	
Country of Residence::	CH
Street of mailing address::	Oberer Muhlestettenweg 37
City of mailing address::	Sissach
State or Province of mailing address::	
Country of mailing address::	CH
Postal or Zip Code of mailing address::	CH-4450

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CH
Status::	Full Capacity
Given Name::	Roger
Middle Name::	

Family Name:: Suter  
Name Suffix::  
City of Residence:: Steffisburg  
State or Province of Residence::  
Country of Residence:: CH  
Street of mailing address:: Alte Bernstrasse 162  
City of mailing address:: Steffisburg  
State or Province of mailing address::  
Country of mailing address:: CH  
Postal or Zip Code of mailing address:: CH-3613

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CH  
Status:: Full Capacity

Given Name:: Daniel  
Middle Name::  
Family Name:: Blattler  
Name Suffix::

City of Residence:: Uttigen  
State or Province of Residence::  
Country of Residence:: CH  
Street of mailing address:: Stationsstrasse 26  
City of mailing address:: Uttigen  
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Postal or Zip Code of mailing address:: CH-3628

## Correspondence Information

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## Representative Information

Representative Customer Number:	24628
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## Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	04405183.7	03.24.04	Yes

- **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::